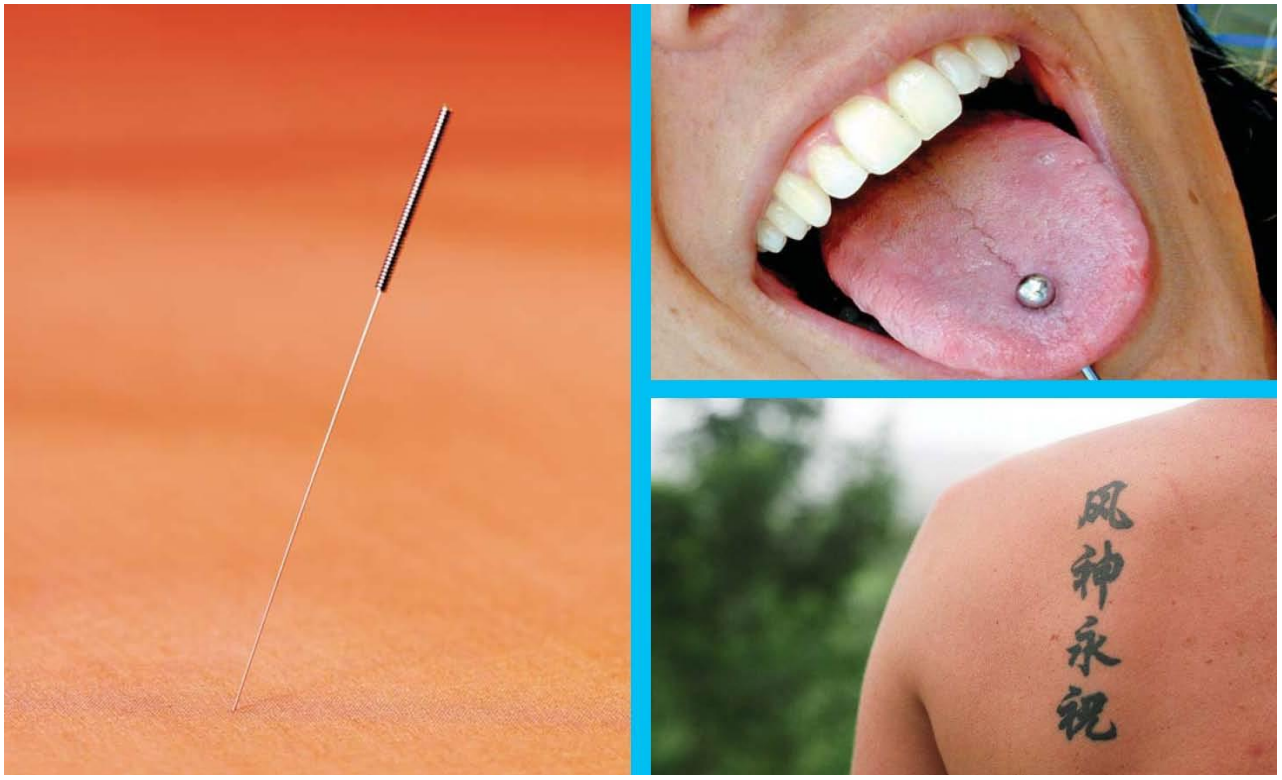
Skin Piercing in Suffolk Guidance on Infection Control in the Workplace



Should you wish to discuss items in this document or find out about registering for skin piercing procedures please contact environment@eastsuffolk.gov.uk

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This Guidance was produced by the Local Authorities of Suffolk with photos taken from similar guidance produced by the Kent Authorities and thanks goes to West Suffolk Council for generating the text for use by East Suffolk Council.

1. Introduction

This document provides information on the control of infection in premises that carry out skin piercing procedures or other procedures involving contact with blood or body fluids. This includes acupuncture, beauty therapy (for example electrolysis), body piercing, microblading and tattooing.

Most of the action required is common sense and follows basic principles. You should also read the Health and Safety Executive and Local Authorities Enforcement Liaison Committee (HELA) document on Health and Safety issues related to body piercing, tattooing and scarification, available at http://data.parliament.uk/DepositedPapers/Files/DEP2011-0727/DEP2011-0727.pdf

Under the **Health and Safety at Work etc. Act 1974** (HASWA) employers and practitioners have a clear legal responsibility to ensure that effective arrangements are in place for:

- the management and control of infection among clients, staff and visitors to the premises
- the management and control of communicable disease among clients, staff and visitors to the premises.

If you or your staff choose to ignore the advice in this guidance you may be in breach of the HASWA. This could put you, your staff and others at risk and could also affect any claim for damages.

For further advice and information please contact the Food and Safety Team, within Environmental Health, at East Suffolk Council or the Suffolk Health Protection Unit.

2. Legal framework

This section covers the legal aspects concerning infection control in skin piercing activities. For information on age consents, jewellery, anaesthetics, liability insurance, among other issues, please refer to the document 'COSHH essentials for service and retail - Electrolysis, piercing, tattooing and micro-pigmentation', available at: https://www.hse.gov.uk/pubns/guidance/sr12.pdf

Every local authority (LA) in Suffolk has adopted the section of the Local Government (Miscellaneous Provisions) Act 1982 that requires skin piercers to be registered and comply with standards set by local byelaws. **The Local Government Act 2003 amended the Local Government (Miscellaneous Provisions) Act 1982** in respect to controlling cosmetic piercing and semipermanent skin-colouring. The amendments came into force on 1 April 2004 and give local authorities specific powers to register and enforce byelaws relating to cleanliness and hygiene of premises, practitioners and equipment.

Anyone carrying out skin piercing activities, including but not limited to, cosmetic piercing, tattooing, microblading, acupuncture or electrolysis in Suffolk must be registered with their LA (where they pay business rates) and work from a registered premise. There is a fee for both the person and the premises, or a combination of the two, which can vary between councils. The byelaws are intended to prevent blood-borne virus infections occurring. Your LA will supply you with a copy upon registration

and a copy can be downloaded from the East Suffolk Council website **Skin-Piercing-Byelaws.pdf (eastsuffolk.gov.uk)**

If you do not comply with the registration requirement or any of the byelaw's you may be guilty of a criminal offence. The magistrates court can revoke your registration. Continuing to carry out skin piercing if your registration has been revoked is a criminal offence. The council can also obtain an injunction to stop anyone from piercing without a valid registration. Breach of an injunction is contempt of court and can result in a jail sentence or a substantial fine.

In addition, you must comply with the HASWA, because a skin piercing studio or practice is a workplace. This is also enforced by the LA in most cases.

The HASWA requires every employer or self-employed person to 'conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in his employment who may be affected are not exposed to risks to their health and safety.' Employers have a similar duty to protect their employees.

The guidance outlined in this document is considered to be 'safe so far as is reasonably practicable' for all types of skin piercing businesses and practices.

Failure to comply with this requirement can result in fines of up to £20,000.

Environmental Health staff from LAs have powers to prohibit the business continuing where there is an imminent risk to health and safety, for example where a steriliser is not being maintained. They also have powers to serve improvement notices and to seize dangerous articles or substances.

The Management of **Health and Safety at Work Regulations 1999** requires both employers and self-employed persons to carry out a risk assessment. The purpose of the risk assessment is to ensure all hazards are considered, your resources are concentrated on the highest risk activities and that your resultant controls are continually improved upon.

An adequate risk assessment requires you to:

1. look for hazards
2. decide who might be harmed and how
3. evaluate the risks and decide whether the existing precautions are adequate or whether more should be done
4. record your findings, and
5. review your assessments periodically and revise if necessary.

An example of a typical hazard to be assessed is in table 1.

Definitions

Hazard means anything that can cause harm

Risk is the chance, high or low, that somebody will be harmed by the hazard

Table 1 Risk Assessment Example

Step	Example
1. Looking for hazards	Normal routine procedure of carrying a container of used piercing needles to a communal sharps box through the customer area where a needle stick injury could occur.
2. Deciding who might be harmed and how	Customers, staff, yourself, other self-employed practitioners, should you could trip or someone could walk into you, causing the container to spill and a needle to stick into someone.
3. Evaluating the risks and deciding whether the existing precautions are adequate or whether more should be done	Each practitioner may do undertake this procedure three to four times a day. Numerous persons may be exposed to this risk. Not knowing if body fluid residue on needles may be infected with a blood borne virus. **Evaluated Risk:** This may be considered High risk. **Precaution Undertaken:** Provide sharps boxes at each operating area.
4. Recording your findings	Provide a written Risk Assessment Refer to example template: www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples
5. Review your assessments and revise if necessary	When a new practitioner starts. When the layout of the studio changes. One year since last risk assessment.

For further information on risk assessments, refer to the HSE guidance, 'Five Steps to Risk Assessment, INDG163'. This can be downloaded from https://www.hse.gov.uk/pubns/indg163.pdf

The regulations require you to be competent, or have access to competent help, in applying the provisions of health and safety law in skin piercing. The environmental health staff will assess your knowledge and practices concerning infection control when visiting your premises.

Be fully aware of the guidance outlined in this document and engage with your trade body to help demonstrate compliance with the regulations. Environmental Health staff do not, at present, routinely assess whether your piercing techniques will potentially cause damage to your customers' anatomy. If, however, one of your customers has complications arising from the procedure, environmental health may get a report from a medical practitioner, for example a doctor or surgeon of medicine. The medical practitioner will decide if the piercing has been properly carried out. If you are considered incompetent, you will be prohibited from carrying on your piercing business or practice and may be prosecuted.

Unless you clearly employ the other practitioners at your premises the environmental health staff will treat each practitioner as a separate business when visiting your premises.

The Tattooing of Minors Act 1969 makes it an offence to tattoo a person under the age of 18 years.

Body piercing should not be undertaken on any person under the age of 18, although some practitioners will do so on persons aged 16–18 with parental consent.

Proof of age using photo identification, must be obtained if there is any uncertainty.

The Prohibition of Female Circumcision Act 1985 prohibits mutilation, infibulation (the closing of the vagina to prevent sexual intercourse) or circumcision of female genitalia for non-medical reasons.

Only doctors are permitted to administer local anaesthesia by injection in the UK. Some topical anaesthetics are 'prescription only' medicines (POM), for example EMLA cream, and as such can only be prescribed by a medical doctor.

3. The premises: general requirements for the working area

The premises should be of adequate size and properly planned, with enough space to be divided into clean and dirty areas. These areas should have a clear distinction made between them, either by obviously separating dedicated spaces or by labelling areas as clean or contaminated.

There should be good lighting and ventilation throughout.

There should also be sufficient space for the storage of equipment.

Any chemicals or detergents should be stored in locked cupboards according to requirements.

Floors shall be kept clean and, in such repair, as to enable it to be cleaned effectively.

A suitable operating bench, couch or adjustable recliner chair with washable surfaces are required.

A disposable paper roller towel system should be used to hygienically cover the bench, couch or recliner chair for each client.

Shelves and fittings should be made of smooth, waterproof materials that are easy to clean.

Hand wash basins

A basin should be designated solely for the purpose of hand washing and should be readily accessible. There should be enough basins for the number of people working in that area. Basins should be of sufficient size to allow the full hand washing procedure to be carried out, must be properly connected to the drainage system and must be provided with hot and cold running water. Elbow or foot operated mixer taps are recommended. Cartridge-type liquid soap and paper hand towels in dispensers should be wall mounted above the basin. In the absence of wall mounted liquid soap dispensers, stand-alone plunger liquid soap bottles can be used.

Sinks for washing equipment

The cleaning of instruments should be carried out in a sink used for that purpose only. Instruments should not be cleaned in a basin used for hand washing. The sink should be of a sufficient size so that items of equipment can be cleaned fully immersed. It should also have a non-porous draining board. This sink should be located in a separate 'dirty' area away from the clean work area and should not be used for domestic items such as mugs and plates.

4. Standard (universal) precautions

In general, it is not possible to identify people who may spread infection to others. The aim of universal precautions is to protect people from acquiring or passing on infection during circumstances where the risk of transmission is unknown. Therefore, all body fluids (particularly blood) should be dealt with as if they were potential sources of infection.

Universal precautions include the following elements:

- hand hygiene
- use of personal protective equipment (PPE)
- safe handling of 'sharps'
- dealing with a significant exposure
- dealing with spillages of blood and other body fluids
- disposal of waste.

Each of the above will be explained in more detail in the following sections.

4a. Hand hygiene

Hands are the most common vehicle by which infections are spread. Regular and effective handwashing is the single most effective method of reducing the chances of passing micro-organisms from one person to another. Its purpose is to remove or destroy any micro-organisms that have been picked up on the hands. Those causing disease are usually easy to remove with ordinary soap and water, provided that all the areas of the hands are washed and dried thoroughly.

Warm running water, liquid soap and towels must be available. Disposable paper towels are recommended. Hot air dryers and roller towels are not desirable. If roller towels are used, they should be changed at least daily.

Alcohol hand sanitiser is a highly effective hand decontaminant and can be used to supplement hand washing. **However, alcohol hand sanitiser is only effective when hands are already visibly clean.**

Everyone must wash their hands:

- before and after direct contact with each client
- after contact with any blood or body fluids (directly or indirectly)
- before and after using gloves
- before handling food
- after using the toilet

Hand washing should take 15–30 seconds

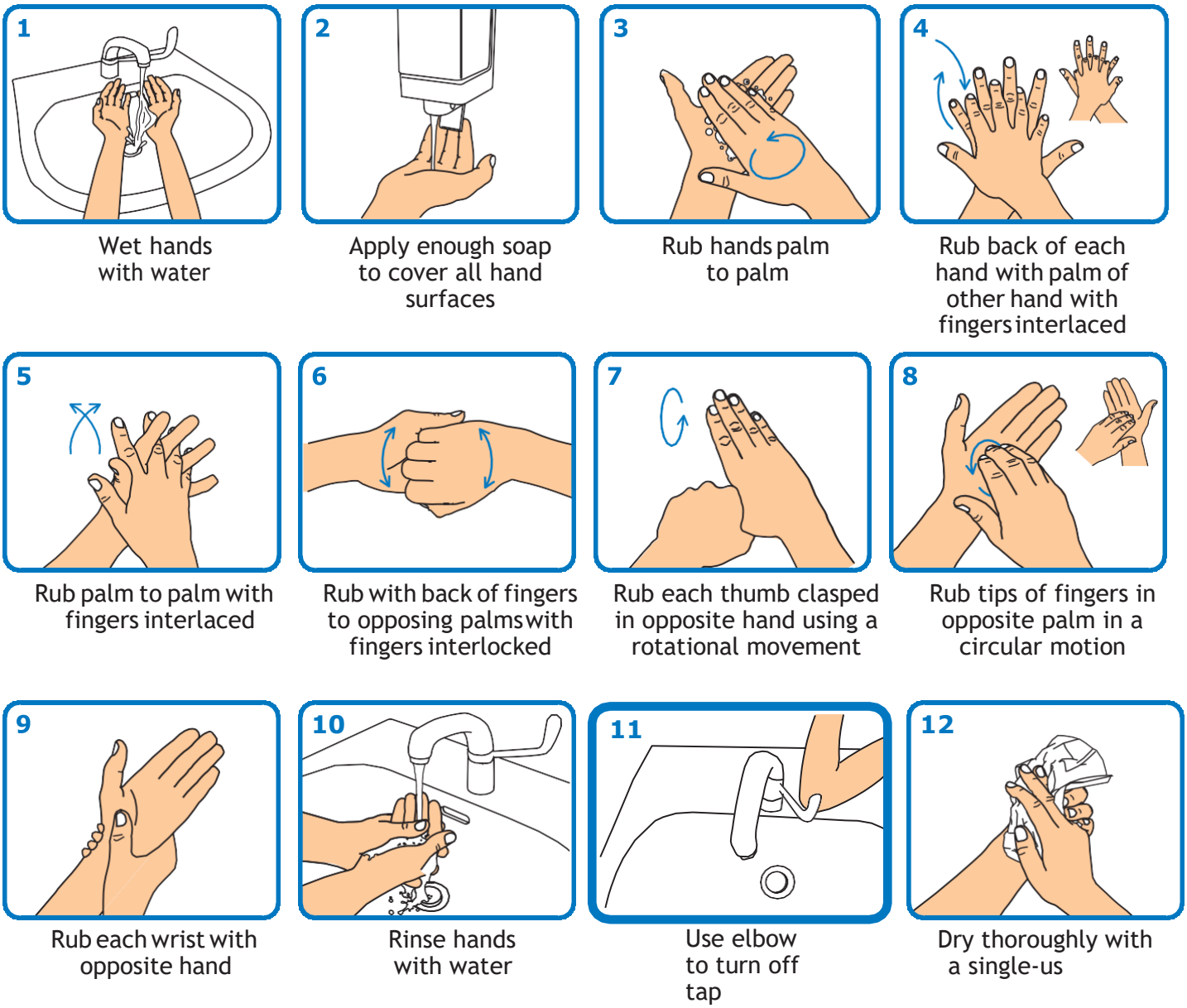
Hand washing technique

All jewellery should be removed. Hands should be washed with liquid soap, under running water, by rubbing all parts of the hands and wrists. Care should be taken to include the areas that are most frequently missed such as between fingers, under fingers and thumbs, backs of hands and wrists.

Drying afterwards with paper towels is also an important part of the procedure.

Hand-washing technique with soap and water

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*



cleanyourhands campaign

NHS National Patient Safety Agency

Hand cream and nail brushes

Frequent handwashing, especially with antiseptic soap solutions or if hands are not properly dried, can cause damage to skin. Cracked skin may harbour more bacteria and increase the risk of cross-infection. Regular use of hand creams may help to prevent this.

Nail brushes should not be used for routine hand hygiene as they may damage the skin and can themselves be reservoirs for micro-organisms.

Covering cuts

Intact skin offers good protection from invading micro-organisms. Damaged skin may become superficially infected and could allow blood-borne viruses to enter the body. Whilst at work you and your staff should always cover damaged skin with a waterproof dressing.

4b. Personal protective equipment (PPE)

Protective clothing should be worn if there is likely to be direct contact with body fluids, a risk of splashing, or a risk of contaminating clothing. The choice of protective clothing depends on the anticipated risk of exposure during the particular activity. This is called risk assessment and is a common approach to health and safety and infection control. Some activities require no protective clothing, others may require disposable latex gloves, a plastic apron or safety glasses.

PPE must be freely available in each area.

Disposable gloves

Disposable latex gloves should be worn for any activity where contact with body fluids is anticipated. It is still essential to wash hands after removal because gloves may be punctured, and hands can become contaminated.

Gloves are effective in:

- prevention of cross infection
- protection of staff

The gloves should be disposable, strong, durable and seamless but do not need to be sterile. Gloves should be changed after every procedure and more frequently if the glove appears damaged.

Latex is preferred where there is a risk of contact with blood or blood-stained body fluids. Latex should also be used when handling sharps. Changing to powder-free, low protein latex usually eliminates any irritation problems staff may experience, and there are latex alternatives such as nitrile should any member of staff have a latex allergy.

Vinyl and polythene gloves should not be used because they do not offer the same level of protection as latex.

Plastic aprons

Disposable, single use, plastic aprons should be worn where there is a risk of contaminating clothing with blood or body fluids. Plastic aprons should be readily available in all areas.

Cotton towels must not be used as clothing protection as they can harbour and transmit infections even after a hot machine wash cycle.

Eye protection and masks

Micro-organisms can pass through mucous membranes, such as the nose and eyes, to cause infection. Therefore, eye protection and a mask should be worn if there is any risk of splashing of blood or other body fluids into the face.

They should be readily available if their use is required. Disposable masks are available with a plastic visor attached or separate re-usable goggles can be purchased. Goggles will need to be decontaminated after use.

4c. Safe handling of 'sharps'

'Sharps' include needles, razor blades, acupuncture needles, broken glass or other items that may cause a cut or puncture.

The hazards of sharps injuries include bacterial infection (typically abscess formation) and blood-borne virus (BBV) infections such as viral Hepatitis (B, C, D and G) and Human Immunodeficiency Virus (HIV). However, the risks from these injuries are low.

Transmission rates from contaminated needles are approximately:

- Hepatitis B: 1 in 3
- Hepatitis C: 1 in 30
- HIV: 1 in 300

It is therefore essential that staff are aware of the correct procedures for dealing with sharps, the risks involved and how to deal with an injury.

Dealing with sharps

Used sharps should be handled as little as possible to minimise the risk of injury.

All contaminated sharps should be disposed of immediately after use into a sharps container.

The proper disposal of any sharps is the responsibility of the person who used the sharp. Disposal should not be delegated to someone else.

In areas where sharps are routinely used sharps containers must be available for disposal.

Always wear disposable latex gloves when handling sharps. Latex can reduce the risk of transmission of a blood borne virus from a contaminated needle by up to 50%. This is due to the wiping effect on the outside of a needle as it passes through the latex.

Used needles must not be re-sheathed, bent or broken prior to disposal.

Sharps must never be carried in the hand to the point of disposal. The sharps container should always be brought to the sharp.

Sharps should not be passed by hand between people.

Sharps should never be emptied from one container to another. Any non-standard carrier containing sharps should be put as a whole into a larger sharps container.

All sharps containers must be correctly assembled and labelled to identify source. They must be used according to manufacturers' instructions.

Sharps containers must be of adequate capacity and conform to the BS7320 United Nations Standard.

The sharps container should be closed and locked when filled. Sharps protruding from the aperture of a sharps container present a major hazard to other users.

Sharps containers in use and prior to disposal must be kept in a safe and secure area.

Sharps containers must be sent for incineration.

Ensure that a policy is in place and everyone knows how to deal with any injuries by sharps or other exposures to blood or high-risk body fluids.

4d. Dealing with a significant exposure (sharps injury)

A significant exposure occurs when you are exposed to someone else's blood or body fluids by either:

- a needle or other sharp object (needlestick)
- contamination of broken skin, or
- splashes to mucous membranes, such as eyes, nose or mouth.

If you, your staff, or a client are significantly exposed to blood the following steps should be taken immediately:

- ensure the sharp is disposed of safely
- encourage bleeding from the puncture wound. Do not suck the wound
- wash thoroughly for five minutes under cold running water
- splashes into eyes, nose or mouth should be rinsed out with copious amounts of water
- cover the wound with a waterproof dressing
- report incident immediately to line manager, if appropriate, and make out an accident report, including client details if known
- go in person to the nearest Accident and Emergency department (A&E), even if vaccinated against Hepatitis B.

The person receiving the injury must attend the nearest A&E immediately following first aid procedures, to establish the need for preventative treatment against blood-borne virus infection. It is always useful for someone to phone the emergency department whilst the injured person is on their way to give some details of what has happened.

The following paragraphs of this section give you a brief guide to what should happen to you once you are seen in A&E:

A sample of blood should be taken from the injured person. This is stored for future analysis if the person receiving the injury is found, at a later date, to be blood-borne virus positive. This is to guard against legal proceedings being pursued by someone who was infected before the incident. If the injured person has a history of Hepatitis B vaccination, their blood should be tested for protective antibody levels.

The following is a guide to specific protection against Hepatitis B and C, and HIV:

For more information regarding specific blood borne viruses please refer to section 8.

Hepatitis B (HBV)

Treatment given to prevent HBV transmission will depend on the injured person's vaccination history, where the injury came from, and the type of injury received. This can range from just a booster vaccine to a full, accelerated course and immunoglobulin. The injured person will also require counselling, regular testing and sexual health information.

Hepatitis C (HCV)

There is no post exposure prophylaxis for Hepatitis C at present and the best that can be offered is counselling and testing at three, six and 12 months to identify infection.

HIV

Post exposure prophylaxis (PEP) is now available following an injury from a known HIV positive source, but is only available through A&E departments and Sexual Health Clinics. It should be taken for four weeks and ideally should be started within one hour of injury. The injured person will also require counselling, regular testing and sexual health information.

4e. Dealing with spillages of blood and other body fluids

You should treat spillages of blood, or other body fluids visibly contaminated with blood, as follows:

- put on latex gloves (or latex alternative, see section 6)
- put on a plastic apron
- apply a chlorine-releasing agent, such as l% sodium hypochlorite solution or one in ten solution of household bleach (Hypochlorite solutions should not be used on large urine spills)
- leave for two minutes
- mop up with paper towels and dispose of as clinical waste
- clean the area with hot water and detergent to reduce the corrosive effects of the disinfectant.

Chlorine-releasing agents can either be in the form of granules or solutions. Granules have the advantage of containing the spill rather than spreading it, have a longer shelf life and are more portable. Chlorine-releasing agents should not be used on carpets or furnishings as they are highly corrosive and will bleach the colour from fabrics.

If carpets become soiled, they should have most of the body fluid mopped up with disposable paper towels and then be cleaned using a steam cleaner if available, or suitable disinfectant.

On upholstery and soft furnishings, excess fluid should be mopped up with disposable towels, sponged with cold water, then cleaned with hot soapy water or steam cleaned. If soft furnishings are very badly soiled with body fluids, they may need to be considered for disposal.

If blood spillage has already dried, apply chlorine granules or bleach solution to a wet paper towel and clean spillage area. Discard waste as above.

Blood spills on clothing

- Carefully remove clothing and sponge with cold water (do not leave to soak).
- Wash as soon as possible in the hottest wash the clothing will stand.
- Ironing the fabric also helps.

Spill kits

Spill kits are commercially available and should contain:

- latex gloves and plastic apron
- chlorine releasing agent
- clinical waste bag for disposal.

4f. Disposal of waste

The HASWA and the Control of Substances Hazardous to Health Regulations 2002 (COSHH), lay down a duty of care for employers and the requirement to undertake a thorough assessment of risks from identifiable potential sources of harm. This duty is extended under the Environmental Protection Act 1990 to include the safe disposal of waste.

All waste from skin piercing activities should be treated as hazardous and disposed of as clinical waste.

Segregation of waste

In the UK, we have adopted a colour coding system for waste bags. The following table identifies the colour of the container, type of waste and the method of disposal.

Table 2: Segregation of waste

Type and colour of container	Type of waste	Method of disposal
Sack, wheeled bin or other container provided by waste collection contractor	Uncontaminated paper waste	Landfill
Yellow bag	Clinical waste, material contaminated with blood or body fluid, human or animal tissue and soiled dressings	Incineration
Sharps container	Syringes, needles, small items of broken glass and any other sharp items	Incineration
Any cardboard box lined with a plastic bag	Intact bottles and large pieces of broken glass. Aerosols – these should not be put in black or yellow bags	Box should be marked with either: a. 'Glass and breakages' b. 'Aerosols only'

Foot-operated bins should be available in areas where clinical waste is produced. The yellow bags should be sealed when 2/3 full, clearly marked with the point of origin, and stored in a lockable, vermin-proof enclosure to await collection by an appropriate agency. Under no circumstances should these bags contain loose sharps.

Clinical waste is more expensive to dispose of than non-clinical or household waste as it is incinerated. It is therefore important to ensure that only clinical waste goes into these bags. Batteries, aerosol cans and other potentially explosive objects must never be placed in yellow bags.

All bins must be of a size appropriate for the volume of waste generated at the location and placed wherever needed. All waste bins should be washable and cleaned regularly with detergent and hot water.

Training

In compliance with the HASWA and COSHH legislation, staff involved in the handling of waste must be provided with the necessary training, have appropriate personal protective clothing, and have knowledge of the agreed procedures for general handling of waste and the management of spillages and other unforeseen incidents.

All staff should be trained in the management of waste according to their degree of involvement in the process. Training should include:

- knowledge of waste hazards
- segregation and the colour coding system for waste
- waste legislation
- how to deal with spillages and incidents
- protection of sharps
- waste collection

Protective clothing

Good quality gloves are the most important type of protective equipment needed for handling waste. For handling only small amounts, latex is adequate. For transporting waste from one area to another a more heavy-duty glove is required. It is advisable to wear latex under these gloves to protect against accidental needlestick injuries. Heavy-duty gloves are reusable, should be checked to ensure they are in good condition, and should be washed after use before storing when dried.

5. Decontamination of equipment

Decontamination is a general term for the destruction or removal of microbial contamination to render an item safe from infection. A surface that is clean and dry will not support the growth of most bacteria. Therefore, all equipment should be stored clean and dry.

Single use equipment is the best way to protect clients from cross-infection and should be the preferred method for skin piercing activities.

There are, however, some pieces of equipment that are reusable and need decontaminating between use (see accompanying guidance appropriate to your profession).

Cleaning

Cleaning is a process which physically removes contamination but does not necessarily destroy micro-organisms. The degree of reduction of microbial contamination cannot be guaranteed and will depend on many factors including the efficiency of the cleaning process and the extent of the initial contamination. Cleaning is a necessary first stage to ensure effective disinfection or sterilisation of equipment. If instruments are not cleaned and rinsed thoroughly initially, then blood and other substances will coagulate and firmly stick to surfaces. Micro-organisms can then survive the subsequent phases of the decontamination process.

In addition, cleaning is a method of decontamination for non-invasive (low risk) items but should not be used as the only process for high or intermediate risk items (see table 3). For these, sterilisation or disinfection is required.

The cleaning of instruments should be carried out in a sink dedicated for that purpose only. The sink should be of a sufficient size so that items of equipment can be cleaned fully immersed. It should also have a non-porous draining board.

Instruments should not be cleaned in a basin used for hand washing. Protective clothing should be worn for cleaning instruments. This should include a plastic apron, heavy-duty gloves (with latex underneath if there is a risk from sharps) and eye protection if splashing is likely to occur.

Equipment to be cleaned should be fully immersed in detergent and warm water and then cleaned with a brush whilst under the surface of the water. Equipment should never be washed under running water due to the risk of splashes contaminating the operator and the surrounding areas. It should then be rinsed with clean water,

drained and hand dried. Equipment should always be stored clean and dry. Equipment such as cleaning brushes should be disinfected regularly and kept clean and stored dry between use. This means either being disposed of after each session or being sterilised before reuse. Brushes should not be stored wet in any disinfectant solutions. Any cleaning cloths used should ideally be disposable.

Mechanical cleaners such as ultrasonic baths should be used if available. These baths should be used with the lid in place during the cycle to prevent splashing of cleaning fluid. All instruments placed in the bath need to be fully submerged in the detergent solution. The bath should not be overloaded with instruments and the solution should be changed at least daily or more frequently depending on usage. It is essential that ultrasonic baths are used in accordance with the manufacturer's instructions and are regularly checked, cleaned and maintained.

Equipment removed from an ultrasonic bath should always be rinsed with clean water to remove any traces of the detergent before being autoclaved. If the equipment is not properly rinsed the detergent can be baked on to the equipment during the sterilisation process causing damage to the surfaces.

The manufacturer's recommendations on usage should always be followed particularly with regards to the appropriate detergent solution to use with the ultrasonic bath.

Disinfection

This process does not necessarily kill or remove all micro-organisms but reduces their number to a level that may not be a health hazard to either the operator or the client. It is important to remember that disinfection is not a substitute for sterilisation. Disinfection can be achieved by heat or chemicals.

Disinfectants should always be used strictly in accordance with manufacturer's instructions. Misuse can be ineffective, wasteful and potentially hazardous. All disinfectants must be stored and used in accordance with the COSHH (Control of Substances Hazardous to Health) regulations.

The main disadvantages of chemical disinfection are:

- it will not sterilise equipment, even if a particular disinfectant has been shown to kill a specific organism in laboratory tests, this does not mean it will do so in all circumstances
- the chemical may be toxic, corrosive and/or flammable
- it may be inactivated on contact with organic matter, for example blood, wood, cork or other substances such as plastic or rubber
- a residue of blood or other organic substances can hamper penetration of any disinfectant
- disinfectants can decay and lose efficacy during storage, on dilution or at elevated temperatures
- diluted disinfectants are unstable and can allow some bacteria to grow in the solution.

The most useful disinfectant to use in skin piercing premises is a chlorine-releasing agent such as sodium hypochlorite. It is cheap and effective, and if used correctly is active against blood-borne viruses. It should be remembered, however, that it is unstable when diluted, is inactivated by organic matter, and is corrosive to many surfaces. See section 12 for a more complete list of disinfectants and their uses.

Sterilisation

Heat is the best method of decontamination for skin piercing equipment. The process is most efficient in the presence of water because the heat will be conducted to all parts of an object. The number of micro-organisms destroyed depends on the temperature and the period of exposure, the higher the temperature the shorter the period of exposure needed.

The use of steam under pressure is the most reliable method of sterilising equipment, and bench-top sterilisers (autoclaves) are commonly used in skin piercing businesses. At atmospheric pressure water boils at 100ºC, which is not sufficient to destroy bacterial spores. If the atmospheric pressure is increased water boils at a higher temperature and steam at these temperatures destroys spores. The most commonly used times and temperatures used in autoclaves are 15 minutes at 121ºC or 3 minutes at 134ºC.

Steam must come into contact with all surfaces of the item so instruments should be opened and laid out separately. Non-vacuum sterilisers are not suitable for pouched items or those with tubes such as hollow-bore needles and trocars.

Because the sterilised items are exposed to the air on being removed from the chamber, they are susceptible to rapid recontamination. Therefore, if items are to be used as sterile, they should be covered immediately with a sterile towel, or placed in a container with a lid and used within three hours.

Vacuum sterilisers

Some autoclaves have a vacuum and drying cycle, which enables steam to penetrate porous materials such as paper (porous load autoclaves). It is, therefore, possible to wrap or pouch equipment put into these autoclaves and as long as the pouch is dry when the cycle has finished these items will remain sterile inside the pouch. If stored correctly they will remain sterile for many months.

Here are some basic principles to follow when storing pouched sterile instruments:

1. The date of sterilisation should be put on each pouched item
2. Pouched items should be stored in either a container with a lid or in a drawer
3. Care should be taken when storing sharp instruments to ensure they do not protrude through the paper
4. Pouched items should be stored dry and away from any risks of splashing (such as sinks)
5. Pouched items should not be stored for longer than six months.

Remember: Autoclaves with no vacuum cycle should never have any wrapped instruments put into them.

Water boilers, hot air ovens and UVA light boxes are not effective methods of sterilising skin piercing equipment and must not be used.

Risk assessment for decontamination methods

The decision to clean, disinfect or sterilise depends on the risk of the equipment transmitting infection. The risk of transmitting infection by equipment depends on how the item is used. Equipment that penetrates the skin, enters sterile body cavities, or is in contact with broken mucous membranes, must be sterile as the risk of introducing

infection is high. Disinfection is usually adequate for equipment that comes into contact with intact mucous membranes or is contaminated by micro-organisms that are easily transmitted to others. Equipment used on intact skin or not in contact with the client can be decontaminated by cleaning. Table 3 shows the categories of decontamination.

Table 3: Infection risk to the patient from contact with an item and recommended method of decontamination

Risk	Application of item	Recommendation
High	In close contact with a break in the skin or a break in a mucous membrane, or for introduction into sterile body areas	Single use preferred or sterile when used
Medium	In contact with intact mucous membranes, or contaminated with particularly virulent or readily transmissible organisms	Sterilisation or disinfection required
Low	In contact with healthy skin; or not in contact with the client	Cleaning

Maintenance of benchtop sterilisers

Users of benchtop sterilisers should receive full instruction and training on the proper use and maintenance or safety of the apparatus.

A properly competent engineer must service machines at the correct intervals, strictly in accordance with manufacturer's instructions.

Machines should be checked daily and ideally a written log kept with specific details of 'maximum pressure', 'holding times' and 'temperature'. Chemical indicators are not always reliable.

The machine should not be used unless in proper working order. Any fault should be reported immediately to a service engineer for urgent attention.

6. Environmental cleaning and communal equipment

The purpose of environmental cleaning is to remove dust, which may contain bacteria, and to keep equipment and surfaces dry. A surface that is clean and dry will not support the growth of most bacteria.

Furniture, floors, and walls

Most of the micro-organisms found on floors and other horizontal surfaces are from dust particles that have settled. Those present on floors are not easily dispersed into the air and are unlikely to be a significant source of infection.

All floors should be vacuumed daily to remove dust and uncarpeted floors should also be cleaned with detergent and hot water when necessary. There is no advantage to using a disinfectant on floors as studies show that floors will become re-contaminated within minutes of disinfection.

Mops and buckets used for cleaning should be stored clean and dry with the mop inverted. Re-usable mop heads should be washed in a washing machine and stored dry.

Bacteria are rarely found on vertical surfaces such as walls and these only require spot cleaning to remove splashes or stains.

Any disposable covers used must be single use and changed after each client, for example couch covers, sheaths used for cables, spray bottles and so on.

Disinfectants

A variety of chemicals are used for the decontamination of skin, equipment, and the environment. Most are not active against bacterial spores and have limited activity against mycobacterium. Therefore, most chemicals can only be used to disinfect, not sterilise, equipment.

Below is a table of cleaning agents, disinfectants, and their uses.

Table 4: Types of environmental cleaning agents you will require

Type of cleaning agent	Use
Detergent and hot water	Cleaning low risk items such as floors and walls
Antibacterial Surface Cleaner	Used for cleaning benches, chairs and other work surfaces
Cream cleaner incorporating Chlorine releasing agent	Used for cleaning wash hand basins and sinks
Chlorine releasing agents (see table 5)	Environmental cleaning and blood spillages

Table 5: Common disinfectants and their uses

Disinfectant	Examples	Properties	Uses
Alcohol (Minimum contact time as a disinfectant is 10 minutes)	70% isopropyl alcohol Alcohol hand sanitisers Alcohol impregnated wipes	Active against bacteria, fungi and viruses. Not effective against bacterial spores. Rapid action but must be allowed to dry Does not penetrate organic matter so surfaces or skin must be physically clean. It is inflammable and corrosive to some surfaces.	Skin disinfection Surface disinfection Can be used as a base for other bactericides

Disinfectant	Examples	Properties	Uses
Chlorhexidine	Handwash solution (hibiscrub, hibisol) Chlorhexidine in 70% alcohol Aqueous chlorhexidine (savlon, hibidil)	Highly effective against the resident microbial flora of the skin with a residual effect for some hours after initial application No effect on tuberculebacilli or spores and little effect on viruses	Skin disinfection combined with a detergent or alcohol The main use of chlorhexidine is a surgical scrub
Chlorine Releasing agents (Usual minimum contact time 2 minutes) Can be found in spill kits	Sodium Hypochlorite, Milton, Domestos Sodium dichloroisocyanurate (NaDCC), Presept, Actichlor The above come in liquid, tablet and granule form	Inexpensive and effective disinfectants Wide range of bactericideal, fungicidal, sporicidal and viricidal activity and inactivated on contact with Corrosive to metals organic matter Dilute solutions lose their activity quite rapidly	a. 1% solution = 10,000 parts per million of available chlorine (ppm av Cl_2). This is used for the treatment of blood and bodily fluid spills or a granular from of NaDCC can be used if the spill is large* b. 0.1% solution = 1000 parts per million of available chlorine (ppm av $Cl_{2)}$. This is used for ppm av Cl2 disinfecting surfaces and equipment c. Most household bleaches contain 100,000 ppm and should be diluted before use. The correct dilutions are better achieved using NaDCC tablets*

Never put chlorine releasing agents on large spills of acidic substances (for example urine) because of the release of harmful chlorine gas

Please note: Gluteraldehyde 'Cidex' is a very hazardous substance, and it is completely unnecessary for use in tattooing, body piercing, and beauty therapy operations. Safer alternatives are available.

Table 6: Guidelines for cleaning premises

Item	Frequency	Method
Bins	Daily	Empty bins daily. Clean inside with detergent and hot water.
Couches and chairs	After every customer and after any spillage	Clean, disinfect and dry thoroughly. If contaminated with blood or body fluids clean as described in section 9 Dealing with spillages of blood and other body fluids.
Floors	Daily	Vacuum clean to remove dust. Wash with hot water and detergent. It is unnecessary to use disinfectants on floors unless they have been contaminated with blood or body fluids, in which case clean as described in section 9 'Dealing with spillages of blood and other body fluids'.
Hand wash basins and sinks	Daily	Cream cleanser - disinfect
Surfaces	After every customer and after any spillage	Clean, disinfect and dry work surfaces. Use disposable cloths or paper towels. If contaminated with blood or body fluids clean as described in section 9 'Dealing with spillages of blood and other body fluids'.
Walls and ceilings	Periodically	Routine cleaning not required. Clean periodically with hot water and general-purpose detergent. If contaminated with blood or body fluids clean as described in section 9 'Dealing with spillages of blood and other body fluids'.

7. Occupational health

In most cases occupational health is provided by an individual's GP who may charge for this service. Under the HASWA an employee should not have to pay for any preventative or protective measures deemed necessary following a risk assessment. The employer should meet this cost.

Immunisation protects against illnesses, which can be life threatening. Modern vaccines are safe and effective, and every effort should be made to ensure that staff are protected. It is recommended that all staff should complete a course of Hepatitis B vaccinations.

All staff should be fully immunised against polio, tetanus, and diphtheria and have had BCG. If they are unsure whether they are up to date with these immunisations, they should consult their own GP. This immunisation schedule should be provided free of charge.

Any member of staff or client who receives a significant exposure to another person's blood or body fluids, through either an injury with a needle, splash into an open wound, or bite should have that injury dealt with immediately. Please refer to section 4d of this document "Dealing with a significant exposure" for further details.

8. Specific disease information

Blood-borne pathogens

There are many blood-borne pathogens (an organism that can cause disease), the majority of which are viruses and the most common being Hepatitis B, C, D and G, HIV I+II and HTLV I+II. Blood-borne pathogens are primarily transmitted by blood-to-blood contact.

Blood donations are now screened for the Hepatitis B and C, and HIV viruses which means that the risk of these infections via transfusions or from blood products is now minimal in this country. This leaves injecting drug users as the main source of new infections for Hepatitis C, a disease caused by the Hepatitis C virus (HCV). Injecting drug users are usually infected by using other people's contaminated injecting equipment. Other routes of transmission for blood-borne pathogens are unprotected sexual intercourse or from an infected mother to her baby.

All blood-borne pathogens may be transmitted by a significant exposure, for example needlestick or sharps injuries, but the risk is variable and has been estimated from an infected source as follows:

- Hepatitis B risk of transmission 1 in 3
- Hepatitis C risk of transmission 1 in 30
- HIV risk of transmission 1 in 300 (via needle-type injury)

Those infected may show no symptoms for many years. It is also likely that other blood-borne virus infections are yet to be discovered. For this reason it is good practice to assume that all blood and body fluids from any person are infectious.

Treatments are available for all these infections. However, at present they can delay disease progression, though none is curative.

Hepatitis B causes an acute illness with jaundice (yellow eyes and skin) or a chronic illness. In a minority of people the illness may be very severe and require hospital admission but many of those infected, especially as babies, may show no immediate symptoms at all. Once the acute illness is over most patients recover fully and become immune for life, but about 10% go on to become carriers. Carriers have a continuing, usually unapparent, infection but after many years this may lead to serious liver damage.

Hepatitis C usually causes chronic infection and may lead to serious liver damage after many years. The main route of transmission now is the sharing of contaminated injecting equipment by those who misuse drugs.

Human Immunodeficiency Virus (HIV) is the cause of AIDS. After some years of infection the body's defences are so weakened by the virus that patients develop many infections, which fit people do not suffer from. It is these infections that cause illness and death.

9. Reference documents

1. COSHH essentials for service and retail - Electrolysis, piercing, tattooing and micro-pigmentation:COSHH essentials for service and retail SR12 (hse.gov.uk)

2. Health and Safety at Work etc Act 1974
https://www.legislation.gov.uk/ukpga/1974/37/contents

3. Health and Safety Commission (1992) Guidance on the Personal Protective Equipment at Work Regulations (PPE) London HSE
https://www.hse.gov.uk/pubns/books/l25.htm

4. UK Health Departments (1998) Guidance for clinical health care workers: Protection against infection with bloodborne viruses. Recommendations of the expert advisory Group on AIDS and the advisory Group on Hepatitis. DOH, Wetherby
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/382184/clinical_health_care_workers_infection_blood-borne_viruses.pdf

5. United Nations. UN Standard 3291 (1997) Clinical waste/infectious substances unspecified. https://www.hse.gov.uk/cdg/pdf/infect-subs.pdf

6. Royal College of Nursing (RCN) (2000). Good Practice in Infection Control - Guidance for Nurses working in General Practice. RCN, London.
https://www.rcn.org.uk/professional-development/publications/pub-005940

Appendix 1 - Tattooing or semi-permanent tattooing

This section provides specific infection control advice for tattooists and should be read in conjunction with the document 'Skin piercing in Suffolk – Guidance on infection control in the workplace'.

Code of conduct

A professional skin piercer practises good hygiene, follows standard infection control guidelines, and is happy to discuss their workplace approach to customer health and safety.

The greatest risk for transmission of infections comes from operators who do not follow the advice and guidance of local health and professional associations.

If your customers contract an infection after a procedure, you could be liable for civil damages and prosecution under health and safety legislation. More importantly, for the viability of your business, it is essential that no-one comes away from your studio with a health problem.

To achieve best practice within your workplace you must ensure that:

- you and your staff attend regular training on relevant subjects
- you follow health and safety legislation
- you follow the Suffolk skin piercing infection control guidance
- you are registered with the local authority

You should also consider:

- belonging to a professional association
- networking with other local practitioners
- developing a close working relationship with your local authority, the Suffolk Health Protection Unit, and the Blood-Borne Virus Project

Legal matters

For information on the law concerning skin piercing (including consent, records, insurance, registration) please refer to the document 'Enforcement of Skin Piercing Activities, Health and Safety Executive and Local Authority Enforcement Liaison Committee, 2001, Local Authority Circular 76/2'. This can be downloaded here: www.hse.gov.uk/lau/lacs/76-2.htm

Infection control procedures

Everyone working in, or customers of, the tattoo industry run the risk of transmitting or contracting a range of diseases which may lead to serious illness (or even death) if proper infection control procedures are not followed.

Blood-borne pathogens such as Hepatitis C, Hepatitis B, HIV, CJD and a whole range of bacterial infections can be transmitted by unclean equipment and unhygienic premises and procedures. More information on these conditions is given at the end of this appendix.

It is in your best interests as a tattooist, and in the best interest of your staff and customers, that your artistry does not lead to the transmission of any infections. Under occupational health and safety legislation, as a proprietor or practitioner, you have a legal obligation to ensure that your workplace is safe and hygienic for employees and that they are given every opportunity to learn and practice proper infection control procedures. You also have a duty of care to protect any visitor to your premises.

Tattooists may accidentally pierce or injure their own skin while tattooing a customer. The transfer of even invisible amounts of your blood into a tattoo presents a risk of infecting the customer if you are infected with HIV, Hepatitis B or Hepatitis C. Tattooists who are HIV or Hepatitis C virus positive, or are Hepatitis B carriers, are advised to consider whether they should continue to practice tattooing. They should discuss their infection with a medical specialist and seek clarification as to their risk to customers should they continue to practise.

To achieve a high standard of hygiene it is essential that you follow the guidance contained in the "Skin Piercing in Suffolk - Guidance on infection control in the workplace". In addition, the following advice is specific to your treatment area.

Preparation before tattooing

- Ensure all staff are trained in infection control procedures (universal precautions).
- Make sure staff are aware and trained in what to do in the event of a significant exposure.
- Arrange Hepatitis B immunisation for yourself and your staff.
- Ensure that any break in skin (staff or customer) is covered with a waterproof dressing or plaster that will completely protect the wound.
- Assume that everyone's blood is infected with a blood borne virus (BBV) and that their BBV is different to yours.

Working area

- Ensure that the treatment area is of sufficient size to work in safely and is clean and tidy.
- The surrounding area should be kept free of unnecessary equipment.
- Assign separate and designated clean and dirty areas.
- Cover any pieces of equipment that may be touched during the treatment with appropriate single use waterproof sheathing, for example, the machine, powerpack, clip cord and spray bottle used for removing excess pigment and blood from the tattoo site.
- Place a clearly labelled container in each treatment area for equipment that requires reprocessing.
- Use UN approved sharps containers in each treatment area for single use sharps.
- Every treatment area must have separate containers for the disposal of clinical and ordinary waste.
- Wear clean clothing.
- Ensure all equipment required for the entire procedure is set out in the treatment area and is easily accessible.

Preparation

- Take time to tell and show the customer how to care for the tattoo, record customer details and provide supporting written information as appropriate.
- Obtain details of medical history, for example blood-borne viruses, allergies, and so on, along with proof of age and consent.
- Dispense the required pigment, lubricating jelly, and any other creams or lotions into single-use disposable containers using single-use spatulas or syringes. If further assistance is required during the procedure, a new spatula should be used after gloves are changed and hands are washed.
- Place water used for rinsing between colours into a single use disposable cup.
- Place sufficient single-use wipes or dressings for one customer in the treatment area.
- Ensure the height of the chair or couch is suitable for the tattooist.
- Remove jewellery and thoroughly wash hands using liquid soap under running water as per hand washing section.
- Dry hands thoroughly using single-use paper towels.
- New disposable latex gloves and plastic apron are required for each customer.
- Tattooists should consider the amount of spray produced during the tattoo, to determine if face protection is required.

Skin preparation or before tattooing

- Put on apron and non-sterile disposable latex gloves on both hands for each customer and wear throughout the tattooing procedure unless they become damaged, or you are required to restock substances. In this instance they should be discarded, hands washed, and new gloves put on.
- Ensure all equipment required for the procedure is free of any packaging and within its expiry date before commencing. If satisfactory, assemble handpieces.
- Inspect all needles for defects but never test them for sharpness.
- Ensure customer's skin is clean and free from infection, sores, wounds or moles on or around the tattoo site.
- Use a new disposable safety razor for shaving the tattoo area for each customer.
- Wash the skin around the tattoo site using liquid soap and water.
- For skin decontamination apply chlorhexidine gluconate 0.5% w/v in 70% alcohol for at least two minutes.

- Prior to the placement of a stencil, a detergent may be lightly applied to the tattoo site using the methods outlined above. Only single-use stencils such as thermal copier stencils should be used to mark the skin.
- Apply lubricating jelly to the tattoo site using a new single-use spatula for each customer. Never use hands to apply lubricating jelly.

During the treatment

- You should not eat, drink, smoke or undertake any other activity during the procedure. If you have to leave the procedure for any reason, for example to answer the phone, or for a toilet break, then gloves and aprons should be removed and disposed of, and hands washed and dried.
- Before resuming the procedure, hands should be washed, dried and new gloves and apron put on.
- If the customer takes a break during the tattooing process, then cover the skin being tattooed with a dry clean waterproof dressing.
- Change handpieces, dispose of single use equipment as sharps or clinical waste as appropriate, and put other equipment in the container designated for reprocessing.
- During tattooing, use a cleaning solution from a plastic covered spray bottle and a disposable wipe to remove excess pigment and blood from the tattoo site.
- In the unlikely event of excess bleeding, pressure should be applied to the wound with a clean dressing and the tattoo process stopped.

Post treatment procedures

- Remove gloves and wash and dry hands. Apply a new pair of gloves.
- Remove therapeutic cream/lotion from single use container and apply to treated area by means of a single-use spatula and cover with a sterile dressing.
- Dispose of single use sharp equipment directly into a UN approved sharps container.
- Dispose of unused coverings, dressings, creams, pigments directly into clinical waste bin.
- Dismantle any reusable equipment that requires reprocessing and thoroughly rinse under water, scrub crevices and grooves and set aside in dirty area for ultrasonic cleaning and sterilisation.
- Clean the work area.
- Thoroughly wash and dry hands after removing gloves and apron.
- Wash contaminated surfaces such as benches and chairs with 0.1% solution of chlorine releasing agent such as bleach and then with hot water and detergent.
- Any spillages (including blood and used inks or lotions) should be dealt with as per section 4e – 'Dealing with spillages of blood and other body fluids'.
- Dispose of any garments and other fabrics contaminated with blood or ink.
- Thoroughly wash and dry hands.

At the end of the day

- Clean and disinfect the hand basins and sinks.
- Clean floors with a detergent and warm water.
- Wash hands after cleaning is complete.

Equipment

Electrical handpiece

Keep covered with a single-use sheath where possible and clean with cottonwool or a cotton pad saturated with detergent and water, and then with alcohol. Allow to dry naturally. Store in a clean, impervious, covered container.

Needles and needle bars

Needles and needle bars should be single-use only. Needles and needle bars should never be reprocessed because of the risk of injury to the operator. They should always be discarded directly into a sharps container on completion of the tattoo.

Elastic bands

If elastic bands are used to secure needles and needle bars these must be thrown away after each use and a new one used for each customer.

Other tattooing instruments including tubes, tips and grips

Ideally tubes, tips and grips should also be single use. However, if they are designed to be reprocessed then they should be placed under water and scrubbed with a clean brush, rinsed, and dried.

The instruments should then be placed into an ultrasonic bath for a cleaning cycle as instructed by the manufacturer. On completion of the cycle the instruments should be rinsed, dried, and thoroughly checked that they are visibly clean. The instruments must then be sterilised in an autoclave as per manufacturer's instructions.

Once the equipment has been sterilised it should be stored in a suitable, enclosed container away from the work area.

Choice of steriliser (Autoclave)

It is not possible to ensure some pieces of equipment, such as those that are hollow or have a tube, will be sterilised using a traditional non-vacuum steriliser. These pieces of equipment would include tubes, tips, and grips.

These items, including any packaged equipment, should usually be sterilised in a vacuum steriliser (one that has forced air removal and which has been approved as suitable for the intended items). For packaged items, the steriliser must have an effective post-sterilisation drying stage. Wet (or damp) packages cannot be regarded as sterile because bacteria can penetrate them. Subsequent drying, for example on a radiator, will not help and the contents cannot be regarded as sterile.

These vacuum steam sterilisers are expensive to purchase, run and maintain and are relatively complex pieces of equipment. Their performance in air removal varies considerably. The suitability of a particular steriliser for a particular load needs to be verified with the manufacturer to ensure sterilisation.

For these reasons, a general requirement that all tattooists should use vacuum steam sterilisers for tattooing tubes, grips and tips would not be sensible. The following options are therefore recommended in order of preference:

- The use of sterile single-use tubes, grips or tips – this is best practice.
- The use of a hospital sterile services department for sterilisation.
- Where vacuum steam sterilisers are used, ensure prior cleaning of equipment by ultrasonic cleaner, brushing with narrow brushes and flushing through with water.

The servicing and routine maintenance involved with a vacuum autoclave is considered by some to be cost and resource prohibitive. Practitioners locally, however, have shown they are able to successfully fund and maintain this equipment to a high standard.

The following option must be regarded as minimum practice and should only be used if all of the above are unavailable (It is not recommended that non-vacuum steam sterilisation is used for the reprocessing of tattooing equipment, as this method cannot guarantee sterilisation of such equipment):

- The use of a traditional, non-vacuum steam steriliser, with prior cleaning of equipment by ultrasonic cleaner, brushing with narrow brushes and flushing through with water.

Benches, chairs and other work surfaces

Wash with soapy warm water, rinse with clean water and dry with a clean disposable wipe or use proprietary antibacterial surface cleaner. If contaminated with body fluids, clean with a 0.1% solution of a chlorine-releasing agent such as bleach.

Hazards

Diseases can be passed on from customer to customer, or to tattooists who accidentally prick themselves with contaminated instruments. Poor practices and lack of infection control knowledge can contribute to disease transmission.

This includes:

- poor cleaning, disinfection, and sterilising practices
- where the workplace is not kept in good condition to allow proper cleaning (floors, ceilings, walls, bench, furniture surfaces)
- poor technique, for example where sterile instruments and clean materials are contaminated before they are used on a customer.

Infections that can be transmitted through poor techniques

Hepatitis C

Hepatitis C is easily transmitted via blood, such as that found on needles that have been used in tattooing procedures. It can result in long term illness and can result in liver damage, and cancer of the liver. At this stage there is no known cure for Hepatitis C and there is no preventive vaccine. Hepatitis C is the most common of the known blood-borne viruses spread by contaminated instruments.

Hepatitis B

Hepatitis B can also result in long term illness including liver damage and liver cancer. Hepatitis B can be transmitted via infected blood, such as that found on equipment

used in tattooing procedures. A safe effective vaccine is available and a course of three injections will provide protection to most people. A blood test will indicate whether a person has responded to vaccination.

HIV

Safe and hygienic practices are the best prevention. HIV is the virus associated with AIDS and can be transmitted via blood through used needles for tattooing as well as through unprotected sex with an infected person. At present there is no vaccine against HIV or AIDS and no cure. Safe and hygienic practices are the best prevention.

Bacterial infections

Common bacteria including staphylococcus and streptococcus can cause infections. The infection can be serious or minor. If an infection results, unhygienic practices of the tattooist or the customer are likely cause.

Appendix 2 - Body piercing

This section provides specific infection control advice for body piercers and should be read in conjunction with the document 'Skin piercing in Suffolk - Guidance on infection control in the workplace'.

Code of conduct

A professional skin piercer practises good hygiene, follows standard infection control guidelines, and is happy to discuss their workplace approach to customer health and safety.

The greatest risk for transmission of infections comes from operators who do not follow the advice and guidance of local health and professional associations.

If your customers contract an infection after a procedure, you could be liable for civil damages and prosecution under Health and Safety legislation. More importantly, for the viability of your business, it is essential that no-one comes away from your studio with a health problem.

To achieve best practice within your workplace you must ensure that:

- you are registered with the local authority
- you follow Health and Safety legislation
- you follow the Suffolk skin piercing infection control guidance
- you and your staff attend regular training on relevant subjects

You should also consider:

- belonging to a professional association
- networking with other local practitioners
- developing a close working relationship with your local authority, the Suffolk Health Protection Unit and the Blood Borne Virus Project

Legal matters

For information on the law concerning skin piercing (including consent, records, insurance, registration) please refer to the document 'Enforcement of Skin Piercing Activities, Health and Safety Executive and Local Authority Enforcement Liaison Committee, 2001, Local Authority Circular 76/2'. This can be downloaded here: http://www.hse.gov.uk/lau/lacs/76-2.htm

Infection control procedures

Everyone working in, or customers of, the piercing industry run the risk of transmitting or contracting a range of diseases which may lead to serious illness (or even death) if proper infection control procedures are not followed.

Blood-borne pathogens such as Hepatitis C, Hepatitis B, HIV, CJD and a whole range of bacterial infections can be transmitted by unclean equipment and unhygienic premises and procedures. More information on these conditions is given at the end of this appendix.

It is in your best interests as a piercer, and in the best interest of your staff and customers, that your artistry does not lead to the transmission of any infections. Under occupational health and safety legislation, as a proprietor or practitioner you have a legal obligation to ensure that your workplace is safe and hygienic for employees, and that they are given every opportunity to learn and practice proper infection control procedures. You also have a duty of care to protect any visitor to your premises.

Piercers who are HIV, Hepatitis B or Hepatitis C positive should consider whether to continue to do oral piercings, as injuries to hands can occur inside the mouth, which can allow blood-to-blood contact. This procedure is considered to be an exposure-prone procedure. You should discuss your infection with a medical specialist and seek advice as to the risk to customers should you continue to practise. Regardless of your blood-borne virus status you should not continue with a piercing if the equipment has pierced or injured your own skin. You must stop and use new, sterile equipment.

In order to achieve a high standard of hygiene it is essential that you follow the 'Skin Piercing in Suffolk - Guidance on infection control in the workplace' document. In addition, the following advice is specific to your treatment area.

Jewellery

Jewellery containing nickel can cause allergic reactions in certain people, with approximately 10% of women and 1% of men being affected. The symptoms are a red, itchy rash with watery blisters.

The Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2000 were introduced to control the content of nickel in items which come into contact with the skin.

These controls apply to manufacturers, importers and retailers and are particularly relevant to people working in the piercing industry.

The regulations prohibit the supply of jewellery, which is intended to be inserted into a pierced part of the body unless the nickel is evenly distributed within the item and the content of nickel is less than 0.05%. Jewellery that complies with British Standard BSEN 1810:1998, satisfies this requirement.

The regulations also prohibit the supply of products, intended to come into direct and prolonged contact with the skin, which contain nickel if the rate of nickel release is greater than 0.5µg/cmÇ/week.

Products that are likely to be affected by this include jewellery, especially body piercing jewellery. However, other items are also affected such as belt buckles and watch backs.

Suitable materials for piercing are as follows:

1. Titanium Ti6AL 4Vei grade titanium (or G23). This is a medical grade of titanium. Lesser grades could be severely detrimental to the well-being of the wearer.
2. EEC Compliant Steel. Some manufacturers will supply their own surgical steel that has been made and tested to conform to the new standards.

3. Niobium. This is a very pure and inert metal. It has the lowest nickel content (approx. 0.006 to 0.02%).
4. PTFE is a flexible, inert, implantable thermo plastic. It has excellent repellent properties as well as causing zero friction. This makes it a very popular and safe choice.
5. 14 to 18 carat gold items are considered to be safe by the regulations, as long as the manufacturer can guarantee the nickel content. However, most piercers consider it to be an unwise choice as gold is a very soft metal and this can be dangerous in a body piercing.

If any items comply with British Standards BSEN 1811:1999 and BSEN12472:1999 then they meet the requirements relating to nickel release.

You must ensure that all products used by you meet the requirements of the relevant British Standard.

Further information and advice on how to comply with the regulations can be obtained from your local Trading Standards Department.

Preparation before piercing

- Ensure all staff are trained in infection control procedures (universal precautions).
- Make sure staff are aware and trained in what to do in the event of a significant exposure.
- Arrange Hepatitis B immunisation for yourself and your staff.
- Ensure that any break in skin (staff or customer) is covered with a waterproof dressing or plaster that will completely protect the wound.
- Assume that everyone's blood is infected with a blood borne virus (BBV) and that their BBV is different to yours.

Working area

- Ensure that the treatment area is of sufficient size to work in safely and is clean and tidy.
- Wash and dry hands using liquid soap, running water and paper towels as per the document 'Skin Piercing in Suffolk - Guidance on infection control in the workplace'.
- Assign separate designated clean and dirty areas.
- Place a clearly labelled container in each treatment area for equipment that requires reprocessing.
- Place a UN approved sharps container in every treatment area for single-use sharps.
- Every treatment area must have separate containers for the disposal of clinical and ordinary waste.
- Wear clean clothing.
- Ensure all equipment required for the entire procedure is set out in the treatment area and is easily accessible.
- Place sufficient dressing packs, instrument packs, single-use wipes and selected jewellery for the type of piercing at the individual piercing area.
- Wear new disposable latex gloves and a plastic apron for each customer.

Preparing your customer

- Before you carry out any piercing you should ensure the customer understands the hazards associated with body piercing.
- Take time to tell and show the customer how to care for their piercing to prevent infection. Record customer details as per your record keeping procedures. Provide supporting written information as appropriate.
- Obtain details of medical history, for example blood-borne viruses, allergies, and so on, along with proof of age and consent.
- Check that the customer's skin is clean and free from infection, sores or wounds, rashes or moles on or around the piercing site.
- Shaving the area prior to piercing is not recommended due to the risks of skin damage and contamination of piercing with skin and hair residue.
- For skin decontamination apply chlorhexidine gluconate 0.5% w/v in 70% alcohol for 2 minutes.
- Marking the piercing site should be done after skin decontamination and with a device that is either single-use or only used for that purpose.

Before piercing

- Jewellery for body piercing must be sterile when inserted. To achieve this jewellery must either be used directly from the autoclave on completion of the cycle (allowing for the item to cool); or have been sterilised pouched, in an autoclave that has a forced air removal and drying stage. These are called vacuum steam sterilisers.
- Ensure all single use instruments, jewellery, hardware and other necessary sterilised items required for the procedure are free from any packaging and within expiry date before commencing.
- Ensure that all equipment to be used is laid out in such a way that items needed first are nearest, and so on.
- Inspect all needles and catheters for defects. Never test them for sharpness.

During piercing

- During piercing, do not eat, drink or smoke and avoid leaving the customer unless absolutely necessary.
- If you must leave the procedure for any reason, for example to answer the phone, then gloves and aprons should be removed and disposed of and hands washed and dried.
- Before resuming the procedure, hands should be washed, dried and new gloves and apron put on. If the customer takes a break during the piercing process, cover the skin being pierced with a clean waterproof dressing.
- If an item of equipment is dropped during the procedure it must be picked up and disposed of appropriately. Gloves must be removed, hands washed, and new gloves applied. Whatever equipment is disposed of must be replaced with a new piece.
- If the customer bleeds profusely, control the bleeding by applying pressure to the piercing site with a dry sterile dressing.

After piercing

- Cover the piercing with a clean waterproof dressing if possible.
- Remove and throw away contaminated items, such as used dressings, into a contaminated waste container, and sharps into a sharps container.

- Items for reprocessing should be placed in the designated container and handled in accordance with procedure for reprocessing reusable equipment.
- Observe your customer for signs of fainting and excessive bleeding.
- Thoroughly wash your hands after removing the gloves and apron.
- Wash contaminated surfaces such as benches and chairs with 0.1% solution of a chlorine releasing agent such as bleach, and then with hot water and detergent.
- Any blood spillages should be dealt with as per section 4e - 'Dealing with spillages and blood and other bodily fluids'.
- Dispose of any garments and other fabrics contaminated with blood.
- Thoroughly wash and dry hands.

At the end of the day

- Clean and disinfect the hand basins and sinks.
- Clean floors with a detergent and warm water.
- Wash hands after cleaning is complete.

Equipment

Ideally all equipment should be single-use where practicable.

Single use needles

Disposable needles used in body piercing are for single-use only and should be discarded in a suitable sharps container immediately after use.

Reusable items that may penetrate the skin

Other instruments which penetrate the skin can become contaminated by body fluids and must be thoroughly cleaned under water, placed in ultrasonic bath cycle and then sterilised (see section 5 – 'Decontamination of Equipment').

This equipment should then be stored in a lidded container away from the work area.

It is not possible to ensure some pieces of equipment, such as those that are hollow or have a tube will be sterilised using a traditional non-vacuum steriliser. These pieces of equipment would include trocars. For this reason single-use equipment must be used.

Reusable items that do not penetrate the skin but come into contact with blood or body fluids

Items such as forceps must be thoroughly cleaned and sterilised after use. When placed in the autoclave care must be taken to ensure that equipment is opened out to ensure steam penetration of all surfaces.

This equipment should then be stored in a lidded container away from the work area.

Ear piercing guns

Ear piercing guns should not come into contact with blood or body fluids. They should be cleaned between each customer with detergent and hot water. If the gun becomes contaminated with blood or body fluids the equipment should be decontaminated using either alcohol or a chlorine-releasing agent such as bleach.

Hazards

Diseases can be passed on from customer to customer, or to piercers who accidentally prick themselves with contaminated instruments. Poor practices and lack of infection control knowledge can contribute to disease transmission.

This includes:

- Infections that can be transmitted through poor techniques
- poor cleaning, disinfection, and sterilising practices
- where the workplace is not kept in good condition to allow proper cleaning (floors, ceilings, walls, bench, furniture surfaces)
- poor technique for example, where sterile instruments and clean materials are contaminated before they are used on a customer.

Infections that can be transmitted through poor techniques

Hepatitis C

Hepatitis C is easily transmitted via blood, such as that found on needles that have been used in piercing procedures. It can result in long term illness and can result in liver damage, and cancer of the liver. At this stage there is no known cure for Hepatitis C and there is no preventive vaccine. Hepatitis C is the most common of the known blood-borne viruses spread by contaminated instruments.

Hepatitis B

Hepatitis B can also result in long term illness including liver damage and liver and liver cancer. Hepatitis B can be transmitted via infected blood such as that found on needles used in piercing procedures. A safe effective vaccine is available and a course of three injections will provide protection to most people. A blood test will indicate whether a person has responded to vaccination.

HIV

HIV is the virus associated with AIDS and can be transmitted via blood through used needles for piercing as well as through unprotected sex with an infected person. At present there is no vaccine against HIV or AIDS and no cure. Safe and hygienic practices are the best prevention.

Bacterial infections

Common bacteria including staphylococcus and streptococcus can cause infections. The infection can be serious or minor. If an infection results, unhygienic practices of the piercer or the customer are likely cause.

Toxic shock syndrome and deformed piercing sites are examples of the potentially serious outcomes.

Appendix 3 - Acupuncture

This section provides specific infection control advice for acupuncture practitioners and should be read in conjunction with the document 'Skin piercing in Suffolk - Guidance on infection control in the workplace'.

Code of conduct

A professional skin piercer practises good hygiene, follows standard infection control guidelines, and is happy to discuss their workplace approach to customer health and safety.

The greatest risk for transmission of infections comes from operators who do not follow the advice and guidance of local health and professional associations.

If your customers contract an infection after a procedure, you could be liable for civil damages and prosecution under health and safety legislation. More importantly, for the viability of your business, it is essential that no-one comes away from your studio with a health problem.

To achieve best practice within your workplace you must ensure that:

- you and your staff attend regular training on relevant subjects
- you follow health and safety legislation
- you follow the Suffolk skin piercing infection control guidance
- you are registered with the local authority.

You should also consider:

- networking with other local practitioners
- developing a close working relationship with your local authority, the Suffolk Health Protection Unit and the Blood-Borne Virus Project
- belonging to a professional association.

Legal matters

For information on the law concerning skin piercing (including consent, records, insurance, registration) please refer to the document 'Enforcement of Skin Piercing Activities, Health and Safety Executive and Local Authority Enforcement Liaison Committee, 2001, Local Authority Circular 76/2'. This can be downloaded here: http://www.hse.gov.uk/lau/lacs/76-2.htm

Infection control procedures

Everyone carrying out or receiving acupuncture runs the risk of transmitting or contracting a range of diseases which may lead to serious illness (or even death) if proper infection control procedures are not followed.

Blood-borne pathogens such as Hepatitis C, Hepatitis B, HIV, CJD and a whole range of bacterial infections can be transmitted by unclean equipment and unhygienic premises and procedures. More information on these conditions is given at the end of this appendix.

It is in your best interests as a practitioner, and in the best interest of your staff and customers, that your treatment does not lead to the transmission of any infections. Under occupational health and safety legislation, as a proprietor and practitioner, you have a legal obligation to ensure that your workplace is safe and hygienic for employees and that they are given every opportunity to learn and practice proper infection control procedures. You also have a duty of care to protect any visitor to your premises.

If your customers contract a disease after a treatment, you could be liable for civil damages and prosecution and for the viability of your business, it is essential that no-one comes away from your clinic with a health problem.

You should not continue with a treatment if the equipment has pierced or injured your own skin. You must stop and use new, sterile equipment.

To achieve a high standard of hygiene it is essential that you should follow the document "Skin Piercing in Suffolk - Guidance on infection control in the workplace". In addition, the following advice is specific to your treatment area.

Pre-treatment preparation

- Ensure all staff are trained in infection control procedures (universal precautions).
- Make sure staff are aware and trained in what to do in the event of a significant exposure.
- Arrange Hepatitis B immunisation for yourself and your staff.
- Ensure that any break in skin (staff or customer) is covered with a waterproof dressing or plaster that will completely protect the wound.
- Assume that everyone's blood is infected with a blood-borne virus (BBV) and that their BBV is different to yours.

Working area

- Ensure that the treatment area is of sufficient size to work in safely and is clean and tidy.
- Wash and dry hands using liquid soap, running water and paper towels.
- Assign separate designated clean and dirty areas.
- Place a UN approved sharps container in every treatment area for single use sharps.
- Every treatment area must have separate containers for the disposal of clinical and ordinary waste.
- Wear clean clothing.
- Ensure all equipment required for the entire procedure is set out in the treatment area and is easily accessible.
- Wear new disposable latex gloves for each customer.

Preparing your customer

- Wash and dry hands using liquid soap, running water and paper towels.
- Check that the customer's skin is clean and free from infection, sores or wounds, rashes or moles on or around the piercing site.
- For skin decontamination apply chlorhexidine gluconate 0.5% w/v in 70% alcohol for at least two minutes.

Before the treatment

- Needles used for acupuncture must be sterile before each use; single use, pre-sterilised solid needles are recommended. They should be used for one treatment only and then discarded into a sharps container.
- The needle packets must be opened in the presence of the customer.
- Inspect all needles for defects.
- Never test them for sharpness.

During treatment

- During treatment, do not eat, drink or smoke.
- If you must leave a customer during a treatment, for a toilet break for example, you should remove and dispose of the gloves, and thoroughly wash and dry hands.
- On return hands should be washed and dried and new gloves put on.

After treatment

- Always wear disposable latex gloves for removing needles.
- On removal sharps should be disposed of directly into a sharps container.
- Remove and throw away contaminated items into a contaminated waste receptacle.
- Thoroughly wash your hands after removing gloves.
- Wash contaminated surfaces such as benches and chairs with 0.1% solution of a chlorine releasing agent such as bleach and then with hot water and detergent.
- Items for reprocessing should be placed in the designated container and reprocessed as appropriate.
- Thoroughly wash and dry hands.

At the end of the day

- Wash hands after cleaning is complete.
- Clean and disinfect the hand basins and sinks.
- Clean floors with a detergent and warm water.

Equipment

Ideally all equipment should be single use where practicable.

Acupuncture needles

All acupuncture needles must be single-use only and should be discarded into a suitable sharps container immediately after use. Acupuncture needles should not be used more than once on the same customer

Reusable items that do not penetrate the skin but come into contact with blood or body fluids

Items such as probes must be thoroughly cleaned and sterilised after use.

This equipment should then be stored in a lidded container away from the work area.

Reusable items that do not penetrate the skin and never come into contact with blood or body fluids

This equipment can be cleaned with detergent and hot water, dried and stored in a lidded container away from the work area.

Hazards

Diseases can be passed on from customer to customer, or to practitioners who accidentally prick themselves with contaminated sharps. Poor practices and lack of infection control knowledge can contribute to disease transmission.

This includes:

- poor technique, for example where sterile instruments and clean materials are contaminated before they are used on a customer
- poor cleaning, disinfection, and sterilising practices
- where the workplace is not kept in good condition to allow proper cleaning (floors, ceilings, walls, bench, furniture surfaces).

Infections that can be transmitted through poor techniques

Hepatitis C

Hepatitis C is easily transmitted via blood, such as that found on needles that have been used in acupuncture. It can result in long term illness and can result in liver damage, and cancer of the liver. At this stage there is no known cure for Hepatitis C and there is no preventive vaccine. Hepatitis C is the most common of the known blood-borne viruses spread by contaminated instruments.

Hepatitis B

Hepatitis B can also result in long term illness including liver damage and liver cancer. Hepatitis B can be transmitted via infected blood such as that found on needles used in acupuncture, as well as through unprotected sex with an infected person. A safe effective vaccine is available and a course of three injections will provide protection to most people. A blood test will indicate whether a person has responded to vaccination.

HIV

HIV is the virus associated with AIDS and can be transmitted via blood through used needles for acupuncture as well as through unprotected sex with an infected person. At present there is no vaccine against HIV or AIDS, and no cure. Safe and hygienic practices are the best prevention.

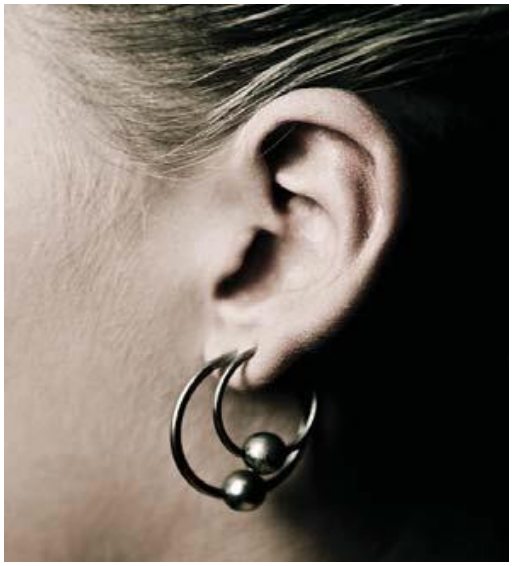
Bacterial infections

Common bacteria including staphylococcus and streptococcus can cause infections. The infection can be serious or minor. If an infection results, unhygienic practices of the practitioner and/or the customer are likely cause.

Appendix 4 - Ear piercing

This section provides specific infection control advice for ear piercers and should be read in conjunction with the document 'Skin piercing in Suffolk - Guidance on infection control in the workplace'.

Code of conduct



A professional skin piercer practises good hygiene, follows standard infection control guidelines, and is happy to discuss their workplace approach to customer health and safety.

The greatest risk for transmission of infections comes from operators who do not follow the advice and guidance of local health and professional associations.

If your customers contract an infection after a procedure, you could be liable for civil damages and prosecution under health and safety legislation. More importantly, for the viability of your business, it is essential that no-one comes away from your studio with a health problem.

To achieve best practice within your workplace you must ensure that:

- you are registered with the local authority
- you follow health and safety legislation
- you follow the Suffolk skin piercing infection control guidance
- you and your staff attend regular training on relevant subjects.

You should also consider:

- belonging to a professional association
- networking with other local practitioners
- developing a close working relationship with your local authority, the Suffolk Health Protection Unit, and the Blood-Borne Virus Project.

Legal matters

For information on the law concerning skin piercing (including consent, records, insurance, registration) please refer to the document 'Enforcement of Skin Piercing Activities, Health and Safety Executive and Local Authority Enforcement Liaison Committee, 2001, Local Authority Circular 76/2'. This can be downloaded here: http://www.hse.gov.uk/lau/lacs/76-2.htm

Infection control procedures

Everyone carrying out or receiving an ear piercing runs the risk of transmitting or contracting a range of diseases which may lead to serious illness (or even death) if proper infection control procedures are not followed.

Blood-borne pathogens such as Hepatitis C, Hepatitis B, HIV, CJD and a whole range of bacterial infections can be transmitted by unclean equipment and unhygienic premises and procedures. More information on these conditions is given at the end of this guidance.

It is in your best interests as a practitioner, and in the best interest of your staff and customers, that your treatment does not lead to the transmission of any infections. Under occupational health and safety legislation, as a proprietor and practitioner, you have a legal obligation to ensure that your workplace is safe and hygienic for employees and that they are given every opportunity to learn and practice proper infection control procedures. You also have a duty of care to protect any visitor to your premises.

If your customers contract a disease after a treatment, you could be liable for civil damages and prosecution and for the viability of your business, it is essential that no-one comes away from your clinic with a health problem.

You should not continue with a treatment if the equipment has pierced or injured your own skin. You must stop and use new, sterile equipment.

To achieve a high standard of hygiene it is essential that you should follow the document 'Skin Piercing in Suffolk - Guidance on infection control in the workplace'. In addition, the following advice is specific to your treatment area.

Ear piercing methods

Method – Inverness
Manufacturer or Distributor – Inverness Corporation, USA

Method – Coren
Manufacturer or Distributor – Dr Buy lines

Method – Caress 2000
Manufacturer or Distributor – Caress Manufacturing

Method – New Caflon Disposable
Manufacturer or Distributor – Caflon UK Ltd

Method – Studex Ear Piercing System
Manufacturer or Distributor – Studex Manufacturing UK Ltd

Method – Trips Sterile Guard
Manufacturer or Distributor – HS Walsh & Sons Ltd

Method – Medisept
Manufacturer or Distributor – Medisept UK Ltd

Method – Perfex
Manufacturer or Distributor – Caflon UK Ltd

Method – Blomdahl Medical Ear Piercing System
Manufacturer or Distributor – Lars Blomdahl AB (Sweden)

Pre-treatment preparation

- Ensure all staff are trained in infection control procedures (universal precautions).
- Make sure staff are aware and trained in what to do in the event of a significant exposure.
- Arrange Hepatitis B immunisation for yourself and your staff.
- Ensure that any break in skin (staff or customer) is covered with a waterproof dressing or plaster that will completely protect the wound.
- Assume that everyone's blood is infected with a blood borne virus (BBV) and that their BBV is different to yours.

Working area

- Ensure that the treatment area is of sufficient size to work in safely and is clean and tidy.
- Wash and dry hands using liquid soap, running water and paper towels as per the document 'Skin Piercing in Suffolk - Guidance on infection control in the workplace'.
- Assign separate designated clean and dirty areas.
- Every treatment area must have separate containers for the disposal of clinical and ordinary waste.
- Wear clean clothing.
- Ensure all equipment required for the entire procedure is set out in the treatment area and is easily accessible.
- Place sufficient dressing packs, instrument packs, single-use wipes and selected jewellery for the type of piercing at the individual piercing area.
- Only pre-sterilised single-use studs and clasps, taken from a previously intact package, may be used to pierce ears.
- Wear new disposable latex gloves and a plastic apron for each customer.

Preparing your customer

- Before you carry out any piercing you should ensure the customer understands the hazards associated with body piercing, for example allergic reaction to jewellery, jewellery embedding, scarring, localised infection.
- There is some evidence that although infection is not more likely to occur in cartilage piercing, if infection does take hold, it may be more difficult to treat and may cause scarring. Customers should be informed of the risks prior to piercing if they request a cartilage piercing.
- Take time to tell and show the customer how to care for their piercing to prevent infection. Record customer details as per your record keeping procedures. Provide supporting written information as appropriate.
- Obtain details of medical history, for example blood-borne viruses, allergies and so on, along with proof of age and consent.
- Check that the customer's skin is clean and free from infection, sores or wounds, rashes or moles on or around the piercing site. Also check for cysts or keloids by pinching the ear lobe and feeling for a hard lump that can be moved. You may pierce through scar tissue and around a keloid, but never through it as it may result in infection.
- Shaving the area prior to piercing is not recommended due to the risks of skin damage and contamination of piercing with skin and hair residue.
- For skin decontamination, clean the area to be pierced, front and back, with an alcohol-based sterile swab and allow to dry.

- Marking the piercing site should be done after skin decontamination and with a device that is either single-use or only used for that purpose.

During piercing

- During piercing, do not eat, drink or smoke and avoid leaving the customer unless absolutely necessary.
- If you must leave the procedure for any reason, for example to answer the phone then gloves and aprons should be removed and disposed of and hands washed and dried.
- Before resuming the procedure, hands should be washed, dried and new gloves and apron put on.
- If the customer takes a break during the piercing process, cover the skin being pierced with a clean waterproof dressing.
- If an item of equipment is dropped during the procedure it must be picked up and disposed of appropriately. Gloves must be removed, hands washed, and new gloves applied. Whatever equipment is disposed of must be replaced with a new piece.
- If more than one hole is required in the same ear, make sure the piercings are at least 9mm apart and do not perform more than two piercings per ear in a single session.
- If the customer bleeds profusely, control the bleeding by applying pressure to the piercing site with a dry sterile dressing

After piercing

- Remove and throw away contaminated items such as used dressings into a contaminated waste container and sharps into a sharps container.
- Items for reprocessing should be placed in the designated container and handled in accordance with procedure for reprocessing reusable equipment.
- Observe your customer for signs of fainting and excessive bleeding.
- Thoroughly wash your hands after removing the gloves and apron.
- Any blood spillages should be dealt with as per section 4e in the document 'Skin Piercing in Suffolk - Guidance on infection control in the workplace'.
- Dispose of any garments and other fabrics contaminated with blood.
- Thoroughly wash and dry hands.

At the end of the day

- Clean and disinfect the hand basins and sinks.
- Clean floors with a detergent and warm water.
- Wash hands after cleaning is complete.

Equipment

Ideally all equipment should be single-use where practicable.

Ear piercing guns should not come into contact with blood or body fluids. They should be cleaned between each customer with detergent and hot water. If the gun becomes contaminated with blood or body fluids the equipment should be decontaminated using either alcohol or a chlorine-releasing agent such as bleach.

Hazards

Diseases can be passed on from customer to customer, or to piercers who accidentally prick themselves with contaminated instruments. Poor practices and lack of infection control knowledge can contribute to disease transmission.

This includes:

- poor technique, for example where sterile instruments and clean materials are contaminated before they are used on a customer
- poor cleaning, disinfection, and sterilising practices
- where the workplace is not kept in good condition to allow proper cleaning (floors, ceilings, walls, bench, furniture surfaces).

Infections that can be transmitted through poor techniques

Hepatitis C

Hepatitis C is easily transmitted via blood, such as that found on needles that have been used in piercing procedures. It can result in long term illness and can result in liver damage, and cancer of the liver. At this stage there is no known cure for Hepatitis C and there is no preventive vaccine. Hepatitis C is the most common of the known blood borne viruses spread by contaminated instruments.

Hepatitis B

Hepatitis B can be transmitted via infected blood such as that found on needles used in piercing procedures. A safe effective vaccine is available and a course of three injections will provide protection to most people. A blood test will indicate whether a person has responded to vaccination. Hepatitis B can also result in long term illness including liver damage and liver cancer.

HIV

HIV is the virus associated with AIDS and can be transmitted via blood through used needles for piercing, as well as through unprotected sex with an infected person. At present there is no vaccine against HIV or AIDS, and no cure. Safe and hygienic practices are the best prevention.

Bacterial infections

Common bacteria including staphylococcus and streptococcus can cause infections. The infection can be serious or minor. If an infection results, unhygienic practices of the piercer or the customer are likely cause. Toxic shock syndrome and deformed piercing sites are examples of the potentially serious outcomes.

Appendix 5 - Electrolysis

This section provides specific infection control advice for electrolysis practitioners and should be read in conjunction with the document 'Skin piercing in Suffolk - Guidance on infection control in the workplace'.

Code of conduct

A professional skin piercer practises good hygiene, follows standard infection control guidelines, and is happy to discuss their workplace approach to customer health and safety.

The greatest risk for transmission of infections comes from operators who do not follow the advice and guidance of local health and professional associations.

If your customers contract an infection after a procedure, you could be liable for civil damages and prosecution under Health and Safety legislation.

More importantly, for the viability of your business, it is essential that no-one comes away from your studio with a health problem.

To achieve best practice within your workplace you must ensure that:

- you follow Health and Safety legislation
- you follow the Suffolk skin piercing infection control guidance
- you and your staff attend regular training on relevant subjects
- you are registered with the local authority.

You should also consider:

- belonging to a professional association
- networking with other local practitioners
- developing a close working relationship with your local authority and the Suffolk Health Protection Unit.

Legal matters

For information on the law concerning skin piercing (including consent, records, insurance, registration) please refer to the document 'Enforcement of Skin Piercing Activities, Health and Safety Executive and Local Authority Enforcement Liaison Committee, 2001, Local Authority Circular 76/2'. This can be downloaded here: http://www.hse.gov.uk/lau/lacs/76-2.htm

Infection control procedures

Everyone carrying out or receiving electrolysis runs the risk of transmitting or contracting a range of diseases which may lead to serious illness (or even death) if proper infection control procedures are not followed.

Blood-borne pathogens such as Hepatitis C, Hepatitis B, HIV, CJD and a whole range of bacterial infections can be transmitted by unclean equipment and unhygienic premises and procedures. More information on these conditions is given at the end of this appendix.

It is in your best interests as a practitioner, and in the best interest of your staff and customers, that your treatment does not lead to the transmission of any infections. Under occupational health and safety legislation, as a proprietor and practitioner, you have a legal obligation to ensure that your workplace is safe and hygienic for employees and that they are given every opportunity to learn and practice proper infection control procedures. You also have a duty of care to protect any visitor to your premises.

If your customers contract a disease after a treatment, you could be liable for civil damages and prosecution and for the viability of your business, it is essential that no-one comes away from your clinic with a health problem.

You should not continue with a treatment if the equipment has pierced or injured your own skin. You must stop and use new, sterile equipment.

To achieve a high standard of hygiene it is essential that you should follow the document 'Skin Piercing in Suffolk - Guidance on infection control in the workplace'. In addition, the following advice is specific to your treatment area.

Electrolysis methods

Galvanic hair removal

This is a dated treatment and may be referred to as DC (direct current). The galvanic hair-removal machine passes a current from the anode (the electrode held by the client), to the cathode (the active electrode which is the electrolysis needle). The tissue fluids are recomposed to form sodium hydroxide, a strong alkali which dissolves areas with which it comes into contact. This is a slow method of epilation as it takes several seconds for the chemical reaction to take place. However, long term it produces effective results.

Diathermy (electro-epilation)

Diathermy removes hair quickly per follicle and is aimed at the hair root.

The most common treatment; may be referred to as AC (alternating current) or SWD (short wave diathermy). The diathermy machine produces very high frequency alternating currents at very low-current intensity. The needle tip delivers the high frequency current, locally raising the temperature of the body tissues. This cauterises and coagulates the surrounding tissue within the session but must be performed accurately throughout in order to achieve efficient results. This is a very popular method in salons and clinics.

Blend

This is a combination of the above two currents, using the best aspects of each method, and is increasingly popular. Diathermy is used to warm the follicle and act as a catalyst for the chemical reaction to the galvanic current. The combined reaction leads to a speeding up of the time needed to discharge the galvanic current.

Pre-treatment preparation

- Ensure all staff are trained in infection control procedures, universal precautions.
- Make sure staff are aware and trained in what to do in the event of a significant exposure.
- Arrange Hepatitis B immunisation for yourself and your staff.
- Ensure that any break in skin (staff or customer) is covered with a waterproof dressing or plaster that will completely protect the wound.
- Assume that everyone's blood is infected with a blood borne virus (BBV) and that their BBV is different to yours.

Working area

- Ensure that the treatment area is of sufficient size to work in safely and is clean and tidy.
- Wash and dry hands using liquid soap, running water and paper towels as per the document 'Skin Piercing in Suffolk - Guidance on infection control in the workplace'.
- Assign separate designated clean and dirty areas.
- Every treatment area must have separate containers for the disposal of clinical and ordinary waste.
- Wear clean clothing.
- Ensure all equipment required for the entire procedure is set out in the treatment area and is easily accessible.
- Place sufficient dressing packs, instrument packs, single-use wipes and pre-sterilised needles in the treatment area.
- Wear new disposable latex gloves and a plastic apron for each customer.

Preparing your customer

- Before you carry out any electrolysis you should ensure the customer understands the hazards associated with the procedure, for example burning, pain, infection (folliculitis) and scarring.
- Take time to tell and show the customer how to care for the treated area to prevent infection. Record customer details as per your record keeping procedures. Provide supporting written information as appropriate.
- Obtain details of medical history, for example blood-borne viruses, allergies, and so on, along with proof of age and consent.
- Check that the customer's skin is clean and free from infection, sores or wounds, rashes, or moles on or around the piercing site.
- For skin decontamination clean the area to be treated with an alcohol base sterile swab and allow to dry.
- Clean the forceps with an alcohol wipe.

During electrolysis treatment

- During piercing, do not eat, drink or smoke and avoid leaving the customer unless absolutely necessary.
- If you must leave the procedure for any reason, for example to answer the phone, then gloves and aprons should be removed and disposed of and hands washed and dried.
- Before resuming the procedure, hands should be washed, dried and new gloves and apron put on.
- If the customer takes a break during the piercing process, cover the skin being pierced with a clean waterproof dressing.
- If an item of equipment is dropped during the procedure it must be picked up and disposed of appropriately. Gloves must be removed, hands washed, and new gloves applied. Whatever equipment is disposed of must be replaced with a new piece.
- Open the pre-sterilised needle packet as instructed. Do not touch the sharp end or shaft.

After piercing

- Remove and throw away contaminated items such as used dressings into a contaminated waste container and sharps into a sharps container.
- Items for reprocessing should be placed in the designated container and handled in accordance with procedure for reprocessing reusable equipment.
- Observe your customer for signs of fainting and excessive bleeding.
- Thoroughly wash and dry your hands after removing the gloves and apron
- Any blood spillages should be dealt with as per section 4e – 'Dealing with spillages of blood and other bodily fluids'.
- Dispose of any garments and other fabrics contaminated with blood.
- Explain aftercare to client and ensure they have an advice sheet.

At the end of the day

- Clean and disinfect the hand basins and sinks.
- Clean floors with a detergent and warm water.
- Wash hands after cleaning is complete.

Equipment

Ideally all equipment should be single use where practicable.

Electrolysis needles

All needles must be single-use only and should be discarded into a suitable sharps container immediately after use.

Reusable items that do not penetrate the skin but come into contact with blood or body fluids

These must be thoroughly cleaned and sterilised after use.

This equipment should then be stored in a lidded container away from the work area.

Reusable items that do not penetrate the skin and never come into contact with blood or body fluids

This equipment can be cleaned with detergent and hot water, dried and stored in a lidded container away from the work area.

Hazards

Diseases can be passed on from customer to customer, or to piercers who accidentally prick themselves with contaminated instruments. Poor practices and lack of infection control knowledge can contribute to disease transmission.

This includes:

- poor cleaning, disinfection, and sterilising practices
- where the workplace is not kept in good condition to allow proper cleaning (floors, ceilings, walls, bench, furniture surfaces)
- poor technique, for example where sterile instruments and clean materials are contaminated before they are used on a customer.

Infections that can be transmitted through poor techniques

Hepatitis C

Hepatitis C is easily transmitted via blood, such as that found on needles that have been used in piercing procedures. It can result in long term illness and can result in liver damage, and cancer of the liver. At this stage there is no known cure for Hepatitis C and there is no preventive vaccine. Hepatitis C is the most common of the known blood-borne viruses spread by contaminated instruments.

Hepatitis B

Hepatitis B can also result in long term illness including liver damage and liver cancer. Hepatitis B can be transmitted via infected blood such as that found on needles used in piercing procedures. A safe effective vaccine is available and a course of three injections will provide protection to most people. A blood test will indicate whether a person has responded to vaccination.

HIV

HIV is the virus associated with AIDS and can be transmitted via blood through used needles for piercing as well as through unprotected sex with an infected person. At present there is no vaccine against HIV or AIDS, and no cure. Safe and hygienic practices are the best prevention.

Bacterial infections

Common bacteria including staphylococcus and streptococcus can cause infections. The infection can be serious or minor. If an infection results, unhygienic practices of the piercer or the customer are likely cause. Toxic shock syndrome and deformed piercing sites are examples of the potentially serious outcomes.